Complete Summary

GUIDELINE TITLE

Suicidality in patients with HIV/AIDS. Mental health care for people with HIV infection.

BIBLIOGRAPHIC SOURCE(S)

Suicidality in patients with HIV/AIDS. In: Mental health care for people with HIV infection: HIV clinical guidelines for the primary care practitioner. New York (NY): New York State Department of Health; 2001 Mar. p. 53-8.

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Human immunodeficiency virus infection/acquired immune deficiency syndrome (HIV/AIDS)
- Suicidality

GUIDELINE CATEGORY

Management
Risk Assessment

CLINICAL SPECIALTY

Allergy and Immunology
Family Practice

Infectious Diseases
Internal Medicine
Psychiatry

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To provide guidelines for management of suicidality in patients with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) in primary care settings

TARGET POPULATION

Patients with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS)

INTERVENTIONS AND PRACTICES CONSIDERED

1. Recognizing the factors associated with suicide risk using mnemonic "Sad Persons"
2. Patient referral for complete psychiatric evaluation
3. Involving the patient's family and friends and organizing support by providing access to and information about community-based services
4. Consultation with a psychiatrist
5. Continual, non-judgmental dialogue with the patient about his or her suicidal thoughts.
6. Patient evaluation in the emergency room

MAJOR OUTCOMES CONSIDERED

Prevalence and risk of suicidality in human immunodeficiency virus (HIV)-infected patients

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The Human Immunodeficiency Virus (HIV) Guidelines Program works directly with committees composed of HIV Specialists to develop clinical practice guidelines. These specialists represent different disciplines associated with HIV care, including infectious diseases, family medicine, obstetrics and gynecology, among others. Generally, committees meet in person 3 to 4 times per year, and otherwise conduct business through monthly conference calls.

Committees meet to determine priorities of content, review literature, and weigh evidence for a given topic. These discussions are followed by careful deliberation to craft recommendations that can guide HIV primary care practitioners in the delivery of HIV care. Decision making occurs by consensus. When sufficient evidence is unavailable to support a specific recommendation that addresses an important component of HIV care, the group relies on their collective best practice experience to develop the final statement. The text is then drafted by one member, reviewed and modified by the committee, edited by medical writers, and then submitted for peer review.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

General Recommendation

Primary care practitioners should be prepared to assess their patients' risk of suicide, evaluate their suicidal intent, and offer appropriate treatment since patients with understandable suicidal thoughts will benefit from psychological support.

Risk Factors for Suicide

Practitioners should recognize the factors associated with suicide risk (see Table below).

Practitioners should refer patients for a complete psychiatric evaluation when patients express more than fleeting suicidal thoughts.

Practitioners who have any doubt about managing patients with suicidal thoughts should refer such patients for mental health evaluation.

Risk Factors for Suicide in HIV-infected Patients: Illustrative Mnemonic "Sad Persons"	
Risk Factors	Comments/Examples
Sex	Males more often complete, females more often attempt
Age	Teenage years and age >45 years
Depression	Hopelessness, despondency, decreased affectation
Prior attempts/Prior mental illness	Personal or family history
Employment	Change or loss of job, retirement
Recent stressors	Multiple losses or separation, severe anxiety, irritation,

Risk Factors for Suicide in HIV-infected Patients: Illustrative Mnemonic "Sad Persons"	
Risk Factors	Comments/Examples
Substance abuse Organic disease Note written stating intention of suicide Single, widowed, or divorced	violence Especially alcohol dependence Failed medical treatment or first hospitalization for organic disease, chronic pain from organic disease Or similar behaviors: • Having and stating a means of suicide • Giving away possessions

Management of Suicidal Patients

Practitioners should recognize family and friends of patients as crucial sources of support and should offer patients without family and friends as much organized support as possible by providing access to and information about community-based services.

Patients who want to kill themselves and who do not feel able to control their feelings should be referred, regardless of such patients' risk factors, for psychiatric assessment.

Even when patients do not express imminent suicidal intent, it is advisable for a practitioner to consult with a psychiatrist in the treatment of patients with chronic suicidal potential.

In situations of less acute suicide risk, practitioners should discuss with patients the reasons why they want to kill themselves.

Patients with chronic suicidal potential should be referred for outpatient mental health evaluations.

Refer to the algorithm for Managing Suicidal Patients (Figure 7-1) in the original guideline document.

Refer to the original guideline document for a discussion of management of patients with acute and subacute suicidal potential.

CLINICAL ALGORITHM(S)

An algorithm is provided in the original guideline document for "Managing Suicidal Patients."

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Appropriate management of suicidality in patients with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS)
- Better identification and treatment in the primary care setting may reduce the risk of suicide.

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Following the development and dissemination of guidelines, the next crucial steps are adoption and implementation. Once practitioners become familiar with the content of guidelines, they can then consider how to change the ways in which they take care of their patients. This may involve changing systems that are part of the office or clinic in which they practice. Changes may be implemented rapidly, especially when clear outcomes have been demonstrated to result from the new practice such as prescribing new medication regimens. In other cases, such as diagnostic screening, or oral health delivery, however, barriers emerge which prevent effective implementation. Strategies to promote implementation, such as through quality of care monitoring or dissemination of best practices, are listed and illustrated in the companion document to the original guideline (HIV clinical practice guidelines, New York State Department of Health; 2003), which portrays New York's HIV Guidelines Program. The general implementation strategy is outlined below.

- Statement of purpose and goal to encourage adoption and implementation of guidelines into clinical practice by target audience.
- Define target audience (providers, consumers, support service providers).
    - Are there groups within this audience that need to be identified and approached with different strategies (e.g., HIV Specialists, family practitioners, minority providers, professional groups, rural-based providers)?
- Define implementation methods.
    - What are the best methods to reach these specific groups (e.g., performance measurement consumer materials, media, conferences)?
- Determine appropriate implementation processes.

        - What steps need to be taken to make these activities happen?
        - What necessary processes are internal to the organization (e.g., coordination with colleagues, monitoring of activities)?
        - What necessary processes are external to the organization (e.g., meetings with external groups, conferences)?
        - Are there opinion leaders that can be identified from the target audience that can champion the topic and influence opinion?
    - Monitor progress.
        - What is the flow of activities associated with the implementation process and which can be tracked to monitor the process?
    - Evaluate.
        - Did the processes and strategies work? Were the guidelines implemented?
        - What could be improved in future endeavors?

IMPLEMENTATION TOOLS

Clinical Algorithm
Resources

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Suicidality in patients with HIV/AIDS. In: Mental health care for people with HIV infection: HIV clinical guidelines for the primary care practitioner. New York (NY): New York State Department of Health; 2001 Mar. p. 53-8.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Mar

GUIDELINE DEVELOPER(S)

New York State Department of Health - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

New York State Department of Health

GUIDELINE COMMITTEE

Mental Health Guidelines Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee Chair: John Grimaldi, MD, Assistant Professor of Clinical Psychiatry, Sanford Weill-Cornell University Medical College, New York, New York, Chief Psychiatrist of David Rodgers Unit, Center for Special Studies, New York Presbyterian Hospital, Weill Cornell Medical Center, New York, New York

Committee Vice-Chair: Francine Cournos, MD, Professor of Clinical Psychiatry, Columbia University, New York State Psychiatric Institute - Unit 112, New York, NY

AIDS Institute Liaison: L. Jeannine Bookhardt-Murray, MD, Director, HIV/AIDS Care, Morris Heights Health Center, Bronx, NY

AIDS Institute: Teresa C. Armon, RN, MS, Coordinator - Mental Health Initiative, Bureau of Community Support Services, New York State Department of Health AIDS Institute, Albany, NY; Josh Sparber, New York State Department of Health AIDS Institute

Committee Members: Philip A. Bialer, MD, Associate Professor of Clinical Psychiatry, Albert Einstein College of Medicine, Chief, Division of Consultation-Liaison Psychiatry, Beth Israel Medical Center, New York, NY; John Budin, MD, Director, Mental Health Services, ID Clinic, Montefiore Medical Center, Bronx, NY, Clinical Instructor in Psychiatry, Columbia University College of Physicians and Surgeons, New York, New York; Mary Ann Cohen, MD, Director, AIDS Psychiatry, Mount Sinai Medical Center, Associate Professor of Psychiatry, Mount Sinai Medical Center, New York, New York; Barbara A. Conanan, RN, MS, Program Director, SRO/Homeless Program, Department of Community Medicine, Saint Vincents Catholic Medical Centers - St. Vincent's Manhattan, New York, New York; Marc Johnson, MD, Assistant Professor of Medicine, Mount Sinai School of Medicine, New York, New York, Attending Physician, New York Hospital Queens, Flushing, New York, Physician in Charge, New York Hospital - Queens Primary Care at ACQC, Rego Park, New York; Henry McCurtis, MD, Acting Director of Psychology, Harlem Hospital Center, New York, New York; Yiu Kee Ng, MD (Warren), Special Needs Clinic, VC4E, New York Presbyterian Hospital, New York, NY; Francine Rainone, PhD, DO, Director, Community Palliative Care, Montefiore Medical Center, Bronx, New York

Liaisons: Frank Machlica, MA, MSW, CSW, Senior Mental Health Consultant, New York City Department of Mental Health, Mental Retardation & Alcoholism Services, Bureau of Strategic Planning, New York, NY; James Satriano, PhD, Assistant Professor of Clinical Psychology, Department of Psychiatry, Columbia University College of Physicians and Surgeons, New York, New York, Director, HIV/AIDS Programs, New York State Office of Mental Health, New York, New York; Milton Wainberg, Title 1 Liaison

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- HIV clinical practice guidelines. New York (NY): New York State Department of Health; 2003. 36 p. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix I: interactions between HIV-related medications and psychotropic medications: indications and contraindications. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix II: HIV-related causes of psychiatric symptoms: differential diagnosis. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix III: rating scales. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix IV: mental health care resources in New York State. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix V: syringe access resources in New York State. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

- Appendix VI: permanency planning and transitional services. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on May 5, 2005.

COPYRIGHT STATEMENT

DISCLAIMER

NGC DISCLAIMER

Date Modified: 10/9/2006